Name in Full Herbert Rush

Certificate of Death

Died at Town Westminster County Carroll MARYLAND

Date 1899 Month July Day 15 | Age Y. 48 M. .. D. .. | Native of Germany | Occupation Shoemaker

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of Emma Gunther

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death — Primary: Typhoid Fever | How long sick 1 week

Immediate:

Accident, Suicide, Homicide

Reported by Jas Stone

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full William Bollinger

Certificate of Death

Louisville Carroll

Town County

Died at MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupetion
	July	26		6	17		Md	~~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower ~~Divorced~~ Number of children living 1

Husbend of ~~~

Wife

Father's Name Chas Bollinger

Mother's Name Margaret E. Bollinger

Cause of Death — Primary Scarlet fever

How long sick 4 wks

Immediate Abscess neck 82

Accident, Suicide, ~~Homicide~~

Reported by Dr Yeagley

Address Frederick Md

Must be signed by physician, if any in ettendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU. 70888

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate

received from _____

of _____

Name in Full

Certificate of Death

Mary Ann Bond

Town: Frederickburg

County: ~~Balt~~ Carroll

Died at MARYLAND

Date 189 9 | Month 7 | Day 24 | Age Y. 71 M. 1 D. 16 | Native of Md | Occupation None

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living 4

Husband of / Wife A. J. Bond Sr

Father's Name John Fowble

Mother's Name Mary Lewbaugh

Cause of Death — Primary 44

Immediate Paralysis of Brain

How long sick 5 days

Accident, Suicide, Homicide /

Reported by Dr. Jas O Uhler

Address Fredericksburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Lewis Porter

Died at Town: Miller's County: Carroll MARYLAND

Date 189 9 Month: 7 Day: 3

Age Y. 72 M. X D. 24

Native of

Occupation

Male / ~~Female~~

White / ~~Colored~~

Married / Single / Widow / Widower / Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by American Sentinel 7-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Benjamin Smith Brown

Diod at Town: Westminster County: Carroll MARYLAND

Date 189 9 Month: July Day: 10 | Age Y. 1 M. 1 D. 4 | Native of: Westminster | Occupation:

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Benjamin F. Brown

Mother's Name: Nora E. Black

Cause of Death: Primary: Colera Infantum

How long sick: 7 days

Immediate: Convulsions.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Chas. R. Foutz, Physician

Address Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Buried by

Jos. H. Wilcox.

Name in Full — Elizabeth Mrs. Carr

Certificate of Death

Town — Westminster

County — Carroll

Died at — MARYLAND

Data 189 — Month: July — Day: 18

Age — Y. 80 M. D.

Native of —

Occupation —

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~

Widow / ~~Widower~~

~~Divorced~~

Number of children living

~~Husband~~ / Wife of — Benjamin Carr

Father's Name — (illegible)

Mother's Name — (illegible)

Cause of Death — Primary — Old age — 141

How long sick — Some month

Immediate — Dropsy of heard

Accident, Suicide, Homicide

Reported by — D. H. Billingslea M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Elizabeth Cushing

Certificate of Death

Died at New Windsor (Town) Carroll (County) MARYLAND

Date 189 9 Month July Day 7 | Age Y. 69 M. 9 D. 13 | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single Widow ~~Divorced~~

Number of children living one

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate Heart-Disease

How long sick 2 Hours

Accident, Suicide, Homicide

Reported by Thos Bair Undertaker

Address New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Seen by Coroner.....

of.....

Attended by Dr. Anne

of.....

Information contained in this certificate received from James

of Leeward

Name In Full Sarah E Wenn — Certificate of Death

Died at Town: Union Bridge — County: Carroll — MARYLAND

Date 1899 — Month: July — Day: 17 — Age: Y. 52 M. 3 D. 3 — Native of: Maryland — Occupation: Housewife

~~Male~~ Female — ~~Color~~ White — ~~Married~~ Single — ~~Widower~~ Widow — ~~Divorced~~ — Number of children living 4

Wife of Marshal Wenn

Father's Name: William H. Eagle — Mother's Name: Louisa A. Eagle

Cause of Death — Primary: 42 — How long sick: 6 hours

Immediate: Apoplexy

Accident, Suicide, Homicide

Reported by: L. R. Mantel

Address: Union Bridge Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU 7980R

Name in Full

Certificate of Death

Ernest, Clooney

Town

County

Died at Walnville Carroll MARYLAND

Date 189 9 Month July Day 15 | Age Y. 1 M. 2 D. | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | Married 1 Single | Widow 1 Widower | Divorced 1 Number of children living

Husband / Wife of —

Father's Name Ernest Clooney | Mother's Name dead

Cause of Death — Primary — Immediate Scrofula 23 — How long sick

Accident, Suicide, Homicide

Reported by

Address

8-30 ove

J R Weis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Rose

100 of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Minnie Dorsey

Died at Town ~~Westminster~~ County Carroll MARYLAND

Date 1899 Month July Day 22 | Age Y. 50 M. — D. — | Native of Canada | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of Samuel E. Dorsey.

Father's Name — Johnson | Mother's Name —

Cause of Death: Primary Intestinal Trouble 84 | How long sick 6 days

Immediate Dysentery

~~Accident, Suicide, Homicide~~

Reported by Chas R. Firth M.D.

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Theresa Doyle

Died at: Town: Louisville County: Carroll MARYLAND

Date 189 Month: July Day: 16 | Age Y. 82 M. — D. — | Native of: Md | Occupation:

~~Male~~ Female | ~~White~~ Colored | Married Single | Widow Widower | ~~Divorced~~ Number of children living

~~Husband~~ Wife of

Father's Name

Mother's Name

Cause of Death: Primary: Pulmonary Tuberculosis 22a — How long sick: 3 yrs

Immediate

Accident, Suicide, Homicide

Reported by Dr. L. W. Fissel

Address Sanders Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72706

Nama in Full # 5-232 Certificate of Death

Anna Eisenbach

Died at Town Int. Airy County Carroll MARYLAND

Date 189 Month 7 Day 8 | Age Y. 8 M. D. | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Singla | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mothar's Name

Cause of Death { Primary Summer complaint | How long sick 8 2

Immediata | Accident, Suicida, Homicide

Reported by W. P. Anderson,

Address Int. Airy, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

Attended by Dr. H. Smith

of Fort Dix

Seen by Coroner .....

of .....

Information contained in this certificate received

from H. C. Anderson, Capt.

of Fort Dix, Ind.

...al Attention of Physicians is Respectfully Invited to the Remarks below, ...

Health Department, City of Baltimore,

Permit No. A 5232 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7. 99.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Annie Eschenbach.

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, ~~0~~ *Years,* 6 *Months,* ..... *Days.*

Color, ...

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Chr -

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give Street and Number.} Mt. Airy Md. "Samaritan Garrett"

Cause of Death, First (Primary), Colitis

Second (Immediate), "

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 8th 1899

Undertaker, R. Seguald

Place of Business, 119 S. Eutaw St

Walter B Platt per Wm Charles White M.D.,

Medical Attendant.

Address, Mt Airy Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

to the ...

...erated Below.

...ORISM—Mode of Death.

...ER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

... to the undertaker or other person superintending the burial, with... ...ed, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERT...

CERTIFICATE OF DEATH.

Date of Death, July 22. 99.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Hannah Faughes

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* 4 - *Months,* ... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland 4 mos.

Duration of Residence in the City of Baltimore, 4 mos.

Place of Death, {Give Street and Number.} W Ave Maryland

Cause of Death, First (Primary), Marasmus. C. Diarrhoea 4 Days

Second (Immediate), ...

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem Washington Road

Date of Burial, July 23rd 99

Undertaker, Walter B Platt.

Place of Business, 1444 E Baltimore *Address,* W Ave Maryland

... M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes uuder his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

…ath.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,
Commissioner of Health and Registrar.

REMARKS:

Name In Full

Certificate of Death

Fred. Fisher

Died at Town: Garrett Sanatarium County: Washington Carroll MARYLAND

Date 189 9 Month: 7-12 Dey

Age Y. 9 M. D.

Native of Md.

Occupation

Male / Female ~~Colored~~ White ~~Married~~ Single Widow ~~Widower~~ Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 396

Cause of Death — Primary: Cerebro Spinitis — How long sick 11 Days

Immediate:

Accident, Suicide, Homicide

Reported by Walter Platt, Md.

Address Garrett Sanatarium

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full — Certificate of Death

Hannah (Franglass

Died at (Town) Mt. Airy — (County) Carroll — MARYLAND

Date 189 — Month 7 — Day 22 — Age Y. 4 M. D. — Native of Md — Occupation

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — Widow Widower — ~~Divorced~~ Number of children living

Husband of / Wife

Father's Name — Copel — Mother's Name

Cause of Death — Primary — 82 — How long sick

Immediate — Marasmus Diarrhea — Accident, Suicide, Homicide

Reported by H. P. Anderson, Mt. Airy Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. Walter B. Platt

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from C. F. Anderson, Sgt.

of Sub. Dist, Md

Name in Full

Certificate of Death

Mrs. Margaret Fuhrman

Died at Manchester Town County Carroll MARYLAND

Date 1899 Month 7 Day 12 | Age Y. 77 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widower~~ Widow ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Stephen Fuhrman

Father's Name | Mother's Name 141

Cause of Death: Primary — General debility

Immediate — Old age

How long sick

Accident, Suicide, Homicide

Reported by Hampstead Enterprise

Address 7-14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Christ Gunthus — Certificate of Death

Town Westminster County Carroll — MARYLAND

Died at

Month Day — Y. M. D. — Native of — Occupation

Date 189 9 7 18 — Age 49 10 30 — Germany — Shoemaker

Male / ~~Female~~ — White / ~~Colored~~ — ~~Single~~ / Married / Widow / Widower / Divorced

Number of children living Four

Husband of Wife — Mary Gunthus — Sarah Gunthus

Father's Name — John Gunthus — Mother's Name — Trouble

Cause of Death — Primary — Typhoid & Peritoneal — How long sick Two weeks

Immediate — Perforation of Bowel — Accident, Suicide, Homicide

Reported by J Westcott

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Thomas J Harrington

Died at Town: Glenna Hospital for the Insane — County: Sykesville — Carroll Co. MARYLAND

Date 1899 Month: July Day: 11th — Age Y. 50 M. - D. - — Native of: Md. — Occupation: Huckster

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~

Number of children living Not known

Husband / Wife of Kate Harrington

Father's Name: Not known — Mother's Name: Not known

Cause of Death — Primary: Dementia — Immediate: Pyelo-Nephritis — 46

How long sick: 2 Months

~~Accident, Suicide, Homicide~~

Reported by J. Clement Clark M.D.

Address Glenna Hospital Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

Certificate of Death

Eliza Peek

Died at Town near Frenchtown County Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
9	31st	42	7	4		

Date 189

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~ / ~~Widow~~ / Widower

~~Divorced~~

Number of children living

~~Husband~~ of Wife Wm. C. Peek

Father's Name

Mother's Name

Cause of Death — Primary: 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by American Sentinel

Address [redacted] Ft 12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full — Certificate of Death

Claude Lyles

Died at Town: Mt. Airy — County: Carroll — MARYLAND

Date 189 9 — Month: July — Day: 10 — Age: Y. 7 M. mo. D. — Native of: Md — Occupation: ———

Male / Female — Colored / White — Married / Single — Widowed / Widow — Divorced — Number of children living

Husband / Wife of

Father's Name: dead — Mother's Name: dead

Cause of Death — Primary — Immediate: Cholera Infantum — How long sick: 1 week

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jas R. Weer

LIBRARY BUREAU 79706

Attended by Dr. Penn

of

/ 60

Information contained in this certific[illegible]

ceived from Wm. Tyler

of

Name In Full

Certificate of Death

Ellis Markell

Died at Town: Second Hospital for the Insane County: Sykesville, Carroll Co. MARYLAND

Date 1899 Month: July Day: 31st | Age Y. 54 M. D. | Native of Germany | Occupation Laborer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living Not known

Husband / ~~Wife~~ of Sarah Markell

Father's Name

Mother's Name

Cause of Death — Primary: Syphilitic Dementia 4 6 — How long sick about 24 hrs.

Immediate: Cerebral hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by Charles J. Carey

Address 2nd Hospital Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72803

Name In Full

Certificate of Death

Mrs. Emma L. Myers

Died at Town: Manchester County: Carroll MARYLAND

Date 189 9 Month: 7 Day: 14 | Age Y.: 52 M.: D.: | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 7

Husband of Wife: Chas. A. Myers

Father's Name: J. H. Henderson Mother's Name: Catherine

Cause of Death: Primary: paralysis 44 How long sick

Immediate: gangrene Accident, Suicide, Homicide

Reported by Enterprise 7-21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76948

Rev. Father Walsh, Glyndon
St. Bartholomew's Catholic cemetery,
Manchester.

Name In Full

Certificate of Death

Mrs. Mary Bayley Nelson

Town

County

Carroll

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
7	5	23				

Date 1899

Age

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower

~~Divorced~~

Number of children living

~~Husband~~ Wife of Rev. E. Nelson

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Cause of Death — Immediate — Accident, Suicide, Homicide

Reported by Regis & Intelligencer 7-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full — Certificate of Death

William H Ogle

Died at — Town: Union Bridge — County: Carroll — MARYLAND

Date 189 9 — Month: July — Day: 4 — Age: Y. 83 M. 7 D. 12 — Native of: Maryland — Occupation: Bricklayer

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ Widower — Number of children living 2

Husband / Wife of: Louisa A Harris

Father's Name: Thomas Ogle — Mother's Name: —— Webb,

Cause of Death — Primary: Senile Degeneration — How long sick: 6 months

Immediate: 141 — Accident, Suicide, Homicide

Reported by: E. R. Markel

Address: Union Bridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name In Full

Certificate of Death

Mrs. Mary E. Ohler

Town

County

Died at Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	7	18	Age			

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary: Paralysis 44 — How long sick

Cause of Death — Immediate — Accident, Suicide, Homicide

Reported by Carroll Record 7-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75888

Name in Full

Certificate of Death

Mrs. Sarah Reese

Town

County

Died at —— Carroll MARYLAND

Date 189 9 | Month July | Day 22 | Age Y. 55 M. D. | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living 6 or 8

Husband / Wife David Reese deceased

Father's Name Daniel Burns | Mother's Name ——

Cause of Death: Primary —— Immediate Apoplexy 42

How long sick 48 Hours

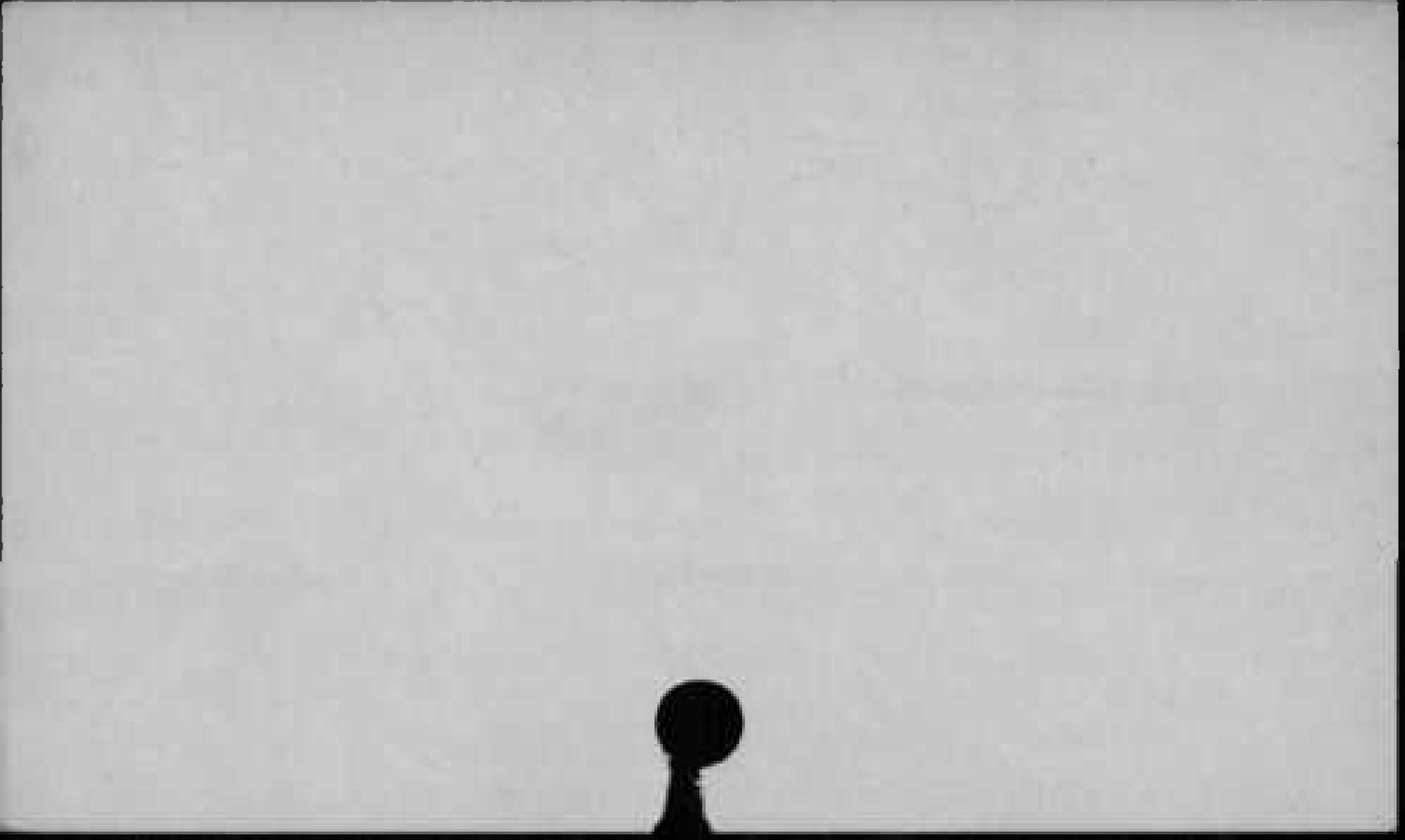
~~Accident, Suicide, Homicide~~

Reported by J. H. Billingslea M. D.

Address

Must be signed by physician, if any in attendance, otherwise by [illegible]oner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Caroline R. Ruby

Died at Manchester (Town) Carroll (County) MARYLAND

Date 1899 Month 7 Day 10 | Age Y. 56 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Single~~ Married Widow Widower Divorced | Number of children living

Husband of Wife Joseph Ruby

Father's Name —Ihr— Mother's Name Dunmer (Not Known)

Cause of Death: Primary Bright's Disease Complicated with Diabetes 97. How long sick One year or more

Death: Immediate ~~Accident, Suicide, Homicide~~

Reported by J. B. Myers M.D.

Address Beckleysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70P8H

Name in Full — Certificate of Death

Mrs. Annie M. Rupp

Died at — Town: near Linwood — County: Carroel — MARYLAND

Date 189 9 — Month 7 — Day 6 — Age Y. 79 M. 11 D. 21 — Native of — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~

Number of children living 2

~~Husband~~ / Wife of John Rupp

Father's Name — Mother's Name 161

Cause of Death — Primary: Paralysis of stomach — Immediate

How long sick

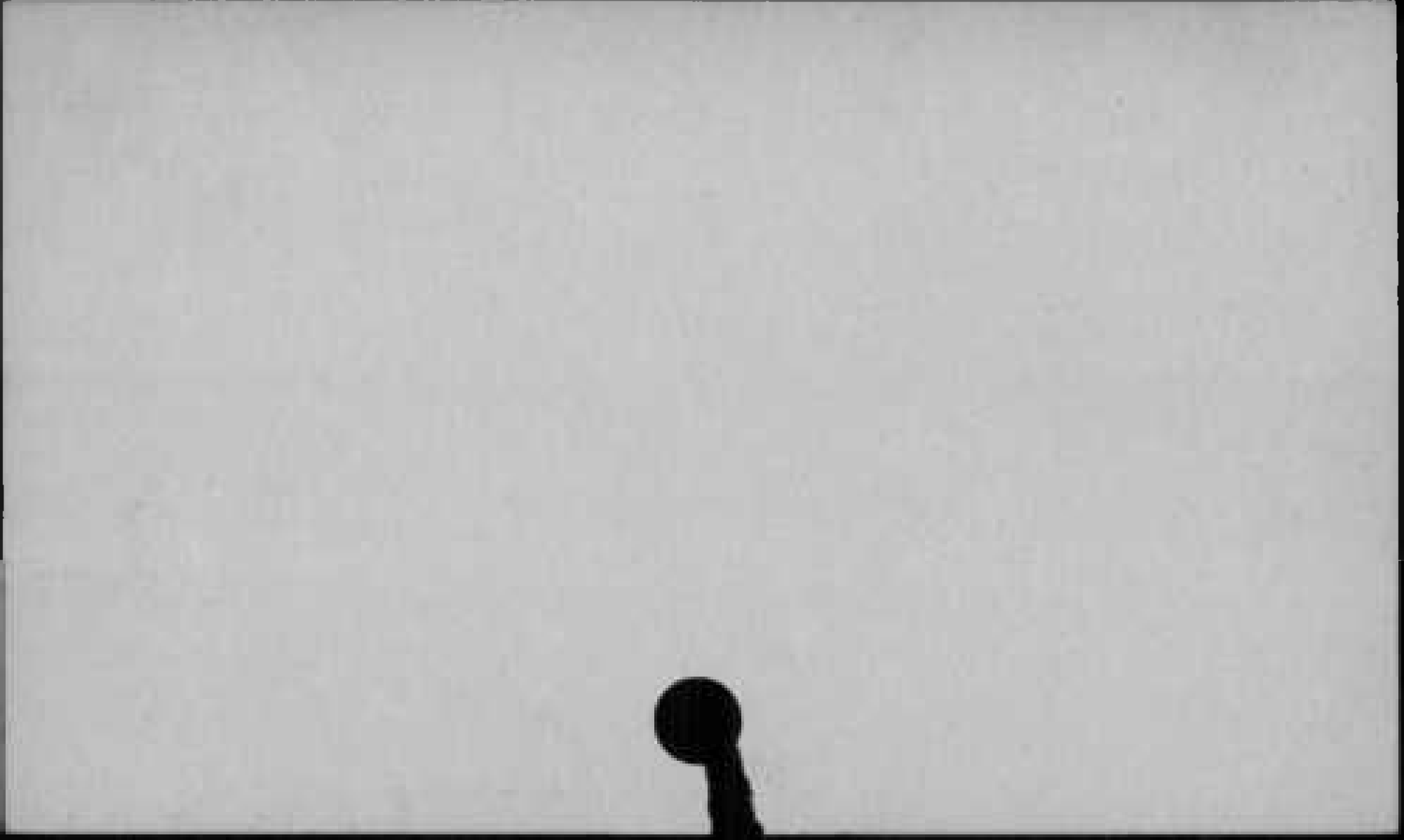
Accident, Suicide, Homicide

Reported by Hampstead Enterprise

Address 7-14

Must be signed by physician, if any in attendance, otherwis[illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full # 6260 Frederick Sapp

Certificate of Death

Town Hampstead County Carroll

Died at MARYLAND

Date 1899 Month 7 Day 12 | Age Y. 68 M. D. | Native of Md | Occupation Painter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Name 102

Cause of Death: Primary — Chronic Cystitis — How long sick 2 mos.

Immediate — Exhaustion

Accident, Suicide, Homicide

Reported by R. C. Wells. M. D.

Address Hampstead, Md.

Copy

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name In Full — Certificate of Death

Mrs. Maria C. Schmidt

Died at Town near Manchester County Carroll MARYLAND

Date 189 9 Month 7 Dey 17 Age Y. 78 M. D. Native of Germany Occupation

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living 6

Husband of Wife / Father's Name John Schmidt — Mother's Name

Cause of Death — Primary: dropsy & heart trouble — How long sick: 57

Immediete — Accident, Suicide, Homicide

Reported by Enterprise 7-21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full Jno Wm Dillman — Certificate of Death

Town Hyattsville County Carroll

Died at near Hyattsville MARYLAND

Date 1895 Month July Day 29th | Age Y. 72. M. 22 D. | Native of Maryland | Occupation Farmer

~~Male~~ Female | ~~White~~ Colored | ~~Single~~ Married / Widow Widower | Divorced | Number of children living 7

Husband / Wife of Mrs Jane Dillman

Father's Name Unknown | Mother's Name Unknown

Cause of Death: Primary Paralysis 44 — How long sick 2 Years

Immediate Heart-Failure — Accident, Suicide, Homicide

Reported by H. C. Shipley

Address Eldersburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

Rachel Hankins V

Died at Town: Westminster County: Carroll MARYLAND

Date 1899 Month: July Day: 11 | Age Y. 65 M. D. | Native of — | Occupation —

~~Male~~ Female | ~~White~~ Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of / Wife

Father's Name / Mother's Name

158

Cause of Death — Primary: Tumor of Stomach — How long sick: Some months

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by Jno. H. Billingslea M.D.

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Chas. Leroy Warehime

Died at Town: Fountain Valley County: Carroll MARYLAND

Date 1899 Month: July Day: 19th Age Y. — M. 1 D. 19 Native of: carroll Occupation: ———

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name: Howard Warehime Mother's Name: Bertie Babylon

Cause of Death — Primary: Diarrhoea 82 — Immediate: Exhaustion

How long sick: about 4 weeks

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Chas. R. Fouts, M.D.

Address: Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Name In Full

Certificate of Death

Samuel Stelch

Died at P. Town Bird Hill County Carroll MARYLAND

Date 1899 Month 7 Day 14 Age Y. 71 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by American Sentinel 7-22

Address [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full A. J. Gilbyde

Certificate of Death

Died at Town Sykesville County Carroll MARYLAND

Date 1899 Month 7 Day 8 | Age Y. 1 M. wk. D. | Native of Md | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Jas. R. Dur. (Dr)

Address Sykesville. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Wm. Frank Lucas

of Sykesville

Seen by Coroner

of

Information contained in this certificate received

from Jas. P. Kerr, Undertaker

of Sykesville, Md.

Name in Full

Certificate of Death

Joseph Wilson

Died at Town: Gist County: Carroll MARYLAND

Date 1895 Month: July Day: 4 | Age Y.: 79 M.: 11 D.: 13 | Native of: Maryland | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ | Number of children living 7

Husband ~~Wife~~ of Sarah Ann ~~Hipsley~~ Hipsley

Father's Name: John Wilson | Mother's Name: Penelope Lee,

Cause of Death: Primary: Paralysis and Heart Disease | How long sick: 4 Weeks

Immediate: Heart Failure 5-7 | ~~Accident, Suicide, Homicide~~

Reported by Lewis A. Alcuist, Physician

Address Lang, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706